



National Provider Identification (NPI) Number Submission Form

Instructions

This form is for Type 1 (individual) or Type 2 (organizations) providers to submit their NPI number to UMP. If you need to submit many NPIs or are an organization with subparts, please call **UMP Contracting & Credentialing at 1-800-292-8092** for assistance.

Please type or print in black ink. The completed form should be sent to:

Mail: Uniform Medical Plan
P.O. Box 91118
Seattle, WA 98111-9218

Fax: Attn: Credentialing Dept
206-521-2001

All fields must be completed to ensure we can identify you. If you need to submit a change in addition to your NPI number, please use the "Provider Information Update Form" instead.

Contact Information for Person Completing This Form

Name _____

Phone _____ Email _____

Signature of person completing this form

Date completed

If you are a: **Type 1 Provider**

or

Type 2 Provider

National Provider Identifier (NPI) (Type 1)

Identifying Information

Provider or Practice Name	
Credentials (such as M.D. or D.C.)	
Tax I.D. #	
Practice Location	
Street address	
City/State/ZIP	
Phone	
Fax	

Additional comments:

**Questions? Call UMP Credentialing &
Contracting at 1-800-292-8092.**